

**Abatement of Interest for Unreasonable Errors or Delays
Caused by the Arizona Department of Revenue**

Do not use this form to request an adjustment to a current or recent billing.

This form should be used ONLY in those cases where a taxpayer's final bill has been affected by unreasonable errors or delays on the part of Arizona Department of Revenue audit or collections personnel.

For questions or concerns about a recent billing statement, contact our Taxpayer Information and Assistance Section at:

For Income and Corporate Tax Types: (602) 255-3381
Toll-free from within Arizona: (800) 352-4090

For TPT and Withholding Tax Types: (602) 255-2060
Toll-free from within Arizona: (800) 843-7196

The mailing address is:

PO Box 29086
Phoenix, AZ 85038-9086



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This completed form or a letter containing the information below is required for consideration of an abatement request.

1. TAXPAYER INFORMATION - Please print or type.		<i>Enter only those that apply:</i>
TAXPAYER NAME(S)		FEDERAL EMPLOYER IDENTIFICATION NUMBER
PRESENT ADDRESS - NUMBER AND STREET, RURAL ROUTE, APARTMENT/SUITE NO.		ARIZONA WITHHOLDING NUMBER
CITY, TOWN OR POST OFFICE	STATE ZIP CODE	ARIZONA TRANSACTION PRIVILEGE TAX LICENSE NUMBER
DAYTIME TELEPHONE NUMBER (WITH AREA CODE)		SOCIAL SECURITY NUMBER(S)

2. Abatement of interest is requested for the following tax year(s) or period(s): _____

3. Amount of interest requested to be abated: \$ _____.

4. UNREASONABLE ERROR OR DELAY.

a. Please describe the nature and duration of the Departmental error or delay. Be sure to include all relevant dates. Attach supplemental pages if necessary.

b. Please indicate the section of the Department or employee/officer of the Department responsible for the error or delay:

c. Please indicate the cause of the error or delay:

5. **SIGNATURE OF OR FOR TAXPAYER(S).** By signing this form, I certify that I have the authority to execute this abatement request form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s). I further certify that to the best of my knowledge the information provided in this form is true and accurate.

▶ _____
SIGNATURE DATE

▶ _____
SIGNATURE DATE

PRINT NAME

PRINT NAME

TITLE (if applicable)

TITLE (if applicable)

If you have been in contact with a Department of Revenue employee, file this request with that employee, or mail to Arizona Department of Revenue, Problem Resolution Officer, 1600 West Monroe, Phoenix, AZ, 85007-2650.